

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002548

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 152

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY LAWRENCE, MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON, MO		c. CITY OR TOWN FREDERICKTOWN	
Length of stay in 1b 19 Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE SANATORIUM, MT. VERNON, MO		d. STREET ADDRESS (If outside, give location) 908 ANDREW	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle OLIVER Last THOMPSON		4. DATE OF DEATH Month 1 Day 31 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12.14.1894
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY LEAD MINER	
11. BIRTHPLACE (City and state or country) BOLINGER, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRANCIS HARRISON THOMPSON		13b. MOTHER'S MAIDEN NAME LAURA ETTA LORENS	
14. NAME OF HUSBAND OR WIFE WIDOWED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT DR. LANGELOTTIE Address STATE SANATORIUM, MT. VERNON, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR PULMONALE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS FAR ADVANCED DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH ONE MONTH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED] a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7.12.1960 to 1.31.1962 and last saw him alive on 1.31.1962 Death occurred at 1.31.1962 at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS STATE SANATORIUM, MT. VERNON, Missouri	
22c. DATE SIGNED 1.31.1962		23a. NAME OF CEMETERY OR CREMATORY Markus Memorial Park	
23b. DATE 2-1-62		23c. LOCATION (City, town, or county) (State) Madison County Mo.	
24. FUNERAL DIRECTOR Adamson-Webb ADDRESS Fredericktown		25. DATE RECD. BY LOCAL REG. 2-2-62	
26. REGISTRAR'S SIGNATURE [Signature]		27. [REDACTED]	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Max L. Fouse

Licensed Embalmer No. 4252

P. O. Address Millersburg, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.